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To:		FROM:	PECEIVED CENTRAL FAX CENTER		
Examiner	Niki Marina Eloshway				
Art Unit 37	727	Jon Q. Nelson	FEB 2 8 2006		
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COMPANY:		DATE:			
U.S. Pate	nt Office	February 28, 2006			
FAX NUMB	ER:	TOTAL NO. OF PAGES:			
571-273-8300		14			
RE:		OUR REFERENCE NO.:			
Serial No. 10/621,549		10778.00016			
Filed: July	y 17, 2003				
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Transmittal Form
Fee Transmittal
Petition for Extension of Time, in duplicate
Terminal Disclaimer
Amendment in Response to the Office Action Dated September 30, 2005

Serial No. 10/621,549 Filed: July 17, 2003

Attorney Docket No. 10778.00016

This collection of information is required by 37 CFR 1.8. The information is required to obtain oriretain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is a silmated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for require this burner, should be early to the Chief Information Officer. U.S. Patent and Tredemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V \ 22313-1450. I/O NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1410, Alexandria, VA 22313-1450.

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TELANOMITTAL	Application Numb	er	10/821,549				
TRANSMITTAL	Filing Date	,	July 17, 2003				
FORM	First Named Inver	ntor	John W. von	Holdt, Jr.	CENTRAI		
	Art Unit		3727				
(lo be used for all correspondence after	inklal filing)	Examiner Name		Niki Marina E	oshway	ree	
Total Number of Pages in This Submiss		Attorney Docket N	lumber	10778.00016			
	ENCLO	SURES (check all th	at apply)		-		
Fee Transmittal Form	Drawing(s			After Allows	100 Commun	cation to TC	
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	Petition	·			and Interferent munication to		
Amendment / Reply				(Appeal Notine, Brief, Reply Brief)			
After Final	Petition to Convert to a Provisional Application		Proprietary nformation				
Affidavits/declaration(a)	Power of Attorney, Revocation Change of Correspondence Address			Status Lette			
Extension of Time Request	☐ Terminal Disclaimer			Other Enck sure(s) (please identi y below):			
	Request for Refund			Certificate of Tra	unsmission		
Express Abandonment Request	CD, Number of CD(s)						
Information Disclosure Statement	Landscape Table on CD						
Certified Copy of Priority Document(s)	Remarks				-		
Reply to Missing Parts/							
Incomplète Application							
Reply to Missing Parts under 37 CFR1.52 or 1.53							
SIGN	ATURE OF A	PPLICANT, ATTO	RNEY, OF	AGENT			
Firm	Witcoff, LTD.						
Signature	Home	s Nala		_			
Printed Name Jon O. N		son			***		
Date	February 28	y 28, 2006 Reg. No.		24,566			
	CERTIFICAT	E OF TRANSMISS	ION/MAIL	ING			
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PTO/SB/17 (12-04v2)
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FEE TRANSMITTAL for FY 2005 Print Name Supplement color Supplement Supple	Fees pursuant to the Cons	ecive on 12/00 dideted Approp	vistions Act, 2005	(H,R, 4818).		Com	plete If Knawn		<i>─</i>
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METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify) : Check Credit Card Money Order None Other (please identify) : Deposit Account Deposit Account Number 19-0733 Deposit Account Name: Barner & 'Vitcoff, LTD.	TO		2000		First Named Inventor	John W. v	on Hok t, Jr.	CENTRAL PA	XCE
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METHOD OF PAYMENT (check all that apply) □ Check □ Credit Card □ Money Order □ None □ Other (please identify): □ Deposit Account Deposit Account Number: 19-0733 □ Deposit Account Name: □ Banner & 'Nitcoff, LTD. □ For the above-Identified deposit account, the Director is hereby authorized to: (dreck all that apply) □ Charge risk additional fee(s) or underpayments of fee(s) □ Charge (se(s)) Indicated below, except for the filling fee □ Charge (se(s)) Indicated below in the filling fee □ Charge (se(s)) Indicated below in the filling fee □ Charge (se(s)) Indicated below, except for the filling fee □ Charge (se(s)) Indicated below, except for feel filling fee □ Charge (se(s)) Indicated below, excep					Art Unit	3727			
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Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below. except for the filing fee Charge ency additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Pro //de credit card information and untherization on PTO-2938. WARNING: Information on this form may become public. Credit card information should not be included on this form. Pro //de credit card information and untherization on PTO-2938. WARNING: Information on this form may become public. Credit card information should not be included on this form. Pro //de credit card information and untherization on PTO-2938. WARNING: Information on this form may become public. Credit card information should not be included on this form. Pro //de credit card information and untherization on PTO-2938. WARNING: Information on this form may become public. Credit card information should not be included on this form. Pro //de credit card information and untherization on PTO-2938. WARNING: Information on this form may become public. Credit card information should not be included on this form. Pro //de credit card information and untherization on PTO-2938. SEARCH FEES SEARCH					her (please identify)	:			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below. Charge fee(s) indicate					Deposit Accou	ınt Name: Ban	ner & 'Vitco	ff, LTD.	ŀ
Charge any additional fee(s) or underpayments of fee(s)	For the above-Id	entified der	osit account,	the Director is he	reby authorized to: (check all that app	oly)		H
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WARNING Information on this form may become public. Credit card information should not be included on this form. Pro //da credit card information and authorization on PTO-2038. FEE CALCULATION	Charge a	ny addition:	al fee(s) or un	derpayments of fe	e(s) 🔀 Credit	any overpayme	nts		- 1
### Application Type Fee (5) Fee(5)	1144440	AED 4 46	4 4 4 7			included on this !	orm. Pro /lda cra	dit card information and	1
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